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**\*\* CONTINUING DATA \*\*\*\*\***

*Name* *EC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Name* *EC*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>Jean M.</i> Examiner's Signature	Initials <i>EC</i>			

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**TITLE**

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